

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: COUNTRY TERRACE APPLETON (0009664)

Address: 749 W PARKWAY BLVD, APPLETON, WI 54914

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096434 **End Date:** 02/27/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095742 **End Date:** 09/01/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007200 Served 10/20/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/22/2006	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	02/22/2006	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	02/22/2006	Yes

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Survey ID: 0094003 End Date: 01/20/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007070 Served 02/01/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	08/29/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/29/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/29/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	08/29/2005	No

Survey ID: 0092590 End Date: 05/03/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006964 Served 05/24/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	01/20/2005	Yes
83.32(2)(a)1	PHYSICAL HEALTH	01/20/2005	Yes
83.41(4)(a)	HEATING	01/20/2005	Yes

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Enforcement History

Date: 10/19/2005 SOD #10007200 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.33(2)(c)

Date: 01/31/2005 SOD #10007070 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(2)(c)

Date: 05/21/2004 SOD #10006964 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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Complaint History

Date Complaint Received: 02/20/2006

Date Investigation Completed: 02/27/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/29/2004

Date Investigation Completed: 01/20/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10007070

10007070
10007070

Date Complaint Received: 11/18/2004

Date Investigation Completed: 01/20/2005

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10007070
10007070

10007070

Date Complaint Received: 11/11/2003

Date Investigation Completed: 05/05/2004

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10006964

Date Complaint Received: 07/22/2003

Date Investigation Completed: 05/05/2004

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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